

**KANSAS COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**  
**Application for Local Agencies**

**I. APPLICANT INFORMATION**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Official Responsible for Program at Local Level: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**FOR PRIVATE NONPROFIT ORGANIZATIONS ONLY**

IRS Tax-Exempt Certificate # \_\_\_\_\_

If no number, is application pending? ☐ Yes ☐ No

Sponsor Agency (If different than Applicant Agency) \_\_\_\_\_

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

**II. HEALTH SERVICES**

- A. Which of the following health services are offered by your agency or are provided to your clients by referral? (circle if applicable)

Service

Physicians' Services  
Nursing Services  
Parenting Education  
Home Health Services

Nutrition Ed. or Counseling  
Social Services  
Prenatal Education

Other (Specify) \_\_\_\_\_

If this agency currently provides WIC Program services, what is the agency's caseload? \_\_\_\_\_

What is this agency's anticipated caseload for CSFP? \_\_\_\_\_

B. Eligibility

What income guidelines are used to determine eligibility for health services? \_\_\_\_\_

Are clients required to live in a certain area in order to receive services? ☐ Yes ☐ No

C. Will you be affiliated with another agency providing health services? ☐ Yes ☐ No

If yes, explain and list the name(s) and address(s) of the primary physicians and/or agencies participating. Indicate those with which your agency has a written agreement.

D. Attach letters of support from appropriate authority or governing board (i.e., County Commissioners, Board of Directors).

III. **NUTRITION EDUCATION SERVICES**

Nutrition education and food demonstrations are to be provided as part of CSFP.

Who provides or will provide the nutrition education services? \_\_\_\_\_

IV. **ADMINISTRATIVE SERVICES**

Who will be responsible for providing monthly financial and administrative reports in a timely manner to the CSFP Staff at SRS? \_\_\_\_\_

V. **FOOD WAREHOUSING/DISTRIBUTION**

Attach additional sheets as needed.

A. Please describe how commodity warehousing, record keeping, and distribution will be organized.

B. Will this agency carry out all commodity related functions of the program? ☐ Yes ☐ No  
If yes, briefly explain the facility and methods to be used.

C. Will commodity related functions be subcontracted to another agency/organization?  
☐ Yes ☐ No If yes, please provide the name, address, and staff contact to the organization, and briefly describe the facility and methods of warehousing and distribution to be used.

VI. **ADDITIONAL INFORMATION**

Attach additional sheets as needed.

A. Where will the program participants be certified? Please describe facilities that will be used, if different than the local agency food distribution site.

B. When can you be ready to begin CSFP? \_\_\_\_\_

C. Indicate any additional information or comments that may facilitate review of this application.

**VII. CIVIL RIGHTS COMPLIANCE**

Attach additional sheets as needed.

USDA prohibits discrimination based on race, color, national origin, age, sex and disability.

- A. Has your agency had any recent history of non-compliance with civil rights?  
☐ Yes ☐ No If yes, please explain.
- B. Have you or do you deny access of any program to any person on the basis of age, sex, disability, race, color, or national origin?  
☐ Yes ☐ No If yes, please explain.
- C. Do you have a significant portion of the non-English speaking persons in your community?  
☐ Yes ☐ No
- If yes, do you have access to bilingual staff? ☐ Yes ☐ No If no, do you plan to bring someone on staff to perform this function? ☐ Yes ☐ No
- D. Are there any discrimination complaints pending against your agency?  
☐ Yes ☐ No If yes, please explain.

Title VI of the Civil Right Act provides that no person in the United States shall, on the ground of race, sex, age, color, disability, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Kansas CSFP is firmly committed to ensuring that no eligible person is discriminated against in the provision of services in all programs funded. To ensure that action will be taken to comply with Title VI requirements, CSFP adopts the following policies:

1. CSFP will inform all sub-contractors of their responsibilities under Title VI of the Civil Rights Act. This information can be found in the CSFP State Plan.
2. CSFP will distribute a copy of the policy to each staff person to inform all staff of the Agency's obligations under Title VI.
3. CSFP will make no referrals to agencies that are known to engage in discriminatory practices.
4. CSFP will ensure that all public documents used to announce or explain CSFP furnished with USDA funds, contain at a minimum the words "This institution is an equal opportunity provider."
5. CSFP will not discriminate and will not permit discrimination in any services or programs it funds on the basis of race, color, national origin, sex, age or disability.
6. A written summary of investigation into complaints under Title VI of the Civil Rights Act shall be prepared and kept on file at the agency.
7. The State of Kansas CSFP has adopted and follows the Drug-Free Workplace Act of 1988. All entering into a contractual agreement with the State CSFP will be required to take steps to provide a drug-free workplace in accordance with the Act.

The APPLICANT assumes and assures that it will comply with CSFP regulations if selected.

The information contained in this application for a CSFP Grant is true and accurate to the best of my knowledge.

Signature of Official Responsible for CSFP:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

The State Agency shall notify the Local Agency of the status of its application within 60 days of receipt of the Local Agency application. If the application is denied, the State Agency shall advise the Local Agency of the reasons for the denial and the right to appeal the decision.

If selected, a contract will be issued along with an Award Letter. A line-item budget application and narrative must be completed. Documentation must be provided to show how the following goals will be met:

- A. Staffing to ensure certification, nutrition education, and food distribution services.
- B. Monthly administrative cost reporting.
- C. Establish and expand outreach efforts and provide outreach materials.
- D. Publicize the availability of the program.
- E. Refer individuals to other services and other social services such as Food Stamps and WIC.
- F. Target groups such as migrants, homeless and working poor.